

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582577

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

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TOTAL
IND.

1

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TOTAL
DEP.

12

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TOTAL
CLAIMS

13

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

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TOTAL
IND.

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TOTAL
DEP.

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TOTAL